



**STATE OF LOUISIANA
OFFICE OF CONSERVATION
PLUG AND ABANDON REPORT**

WORK PERMIT NO. _____

WELL SERIAL NO. _____

TOTAL DEPTH _____ PBTD _____

DATE WORK FINISHED (MM-DD-YY) _____

DISTRICT
(Submit Original and 2 Copies to Appropriate Division/District)

NOTE: This Report Will Be Returned If Not Properly Completed And Signed

Field _____ Parish _____ Sec _____ Twp _____ Rng _____

Operator _____ OP CODE _____ Well Name _____ Well No. _____

Check Appropriate Box ☐ 29 DRY HOLE ☐ 30 FORMERLY ACTIVE ☐ 18 TEMPORARILY ABANDONED
☐ INJECTION WELL ☐ OTHER _____ (All But Top Plug Set)

Depth Casing Cut Below Mud Line Or Land Surface _____ Weight Of Mud Left In Well After Abandonment _____

Bridge Plugs: Pipe Size _____ Depth Set _____

Cement Retainers: Pipe Size _____ Depth Set _____

Is This Well A Multiple Completion? Yes ☐ No ☐ If Yes, Submit Additional Report For Other Well(s) And Indicate Other Serial No(s) In Space Provided. _____

CASING* SIZE	FEET OF CASING PULLED

CEMENT PLUGS					
CASING* SIZE	TOP OF PLUG	BOTTOM OF PLUG	NUMBER OF SACKS	SLURRY WEIGHT	PLACEMENT METHOD

*List Casing Sizes And Plug Depths In Descending Order

Remarks:

This work was done according to the Rules and Regulations of the Office of Conservation.

WITNESS

OPERATOR (Company Name)

REPRESENTATIVE (SIGNED)